

Health Care Workforce Clearinghouse Program

Broad Strategy: Coordinated Infrastructure - Develop and Maintain a Central Repository for Health Workforce and Education Data in California						
Objectives	Activities	Challenges Anticipated or Outcome	Timeline	Lead and Resources	Performance Measure	Broad Recommendations
H & S Code 128051: Work with state level health licensing entities to collect data to the extent available on: 1) current supply of health care workers by specialty	Conduct research to identify sources of data for health worker supply	• Identified 22 health licensing authorities in the state and OSHPD met and received data related to the supply of health workers from the following: MBC, OMB, NMC, BVNPT, RCB, PAC, DBC, DHC, BRN, CDPH L&C, and CDPH LFS;	• 2008-ongoing	After June 2012, OSHPD will work with the following data providers to collect information: Board of Acupuncture, Board of Behavioral Sciences, Board of Chiropractic Examiners, Board of Occupational Therapy, Board of Optometry, Board of Pharmacy, Board of Physical Therapy, Board of Podiatric Medicine, and Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board), Department of Social Services, and EMSA	• The ability to collect information from as many licensing entities as possible will increase the amount of data the Clearinghouse can display for various aspects of supply	• Work with state licensing entities and professional membership organizations to begin collecting and sharing data
		• OSHPD is unilaterally unable to collect data related to supply that is considered personal and confidential such as names, social security numbers and home addresses	• 2008-ongoing		• The ability to uniquely identify health care providers is vital in order for OSHPD to link data received from multiple data providers and conduct longitudinal studies	
		• Data is not collected in a uniform manner	• 2008-2010		• The ability to collect data in a uniform manner can be achieved with a standardized survey for all licensing entities, which OSHPD has developed	
		• There is no mandate requiring entities to collect or provide OSHPD data	• 2008-ongoing		• The Clearinghouse Statute must be strengthened in order for OSHPD to collect all of the data needed to report to the legislature on the supply of health care workers by specialty	
			• 2008-ongoing			
	Identify total number of providers in the State	• License status (active or inactive) is provided by all data providers	• 2008-ongoing	• OSHPD met with and received this data from MBC, OMB, NMC, DBC, DHC, BRN and CDPH L&C, and CDPH LFS	• License status (active or inactive) will provide a total number of health care providers in the State	• Encourage partnerships with state and local membership organizations to assist with data collection • Require that health care providers complete surveys at the time of licensure renewal
		• Licensee hours worked is limited because it is only collected by some data providers via the survey	• 2008-ongoing	• OSHPD met with and received this data from MBC, OMB, NMC, DBC, DHC, and BRN	• Licensee hours worked will provide information related to how many full-time equivalent health care providers are currently working	

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		• Employment status (full-time or part-time) is limited because it is only collected by some data providers via the survey	• 2008-ongoing	• OSHPD met with and received this data from DBC	• Employment status (full-time or part-time) will provide information related to how many full-time equivalent health care providers are currently working	<ul style="list-style-type: none">• Advocate to increase response rates during conventions or other meetings• During health training, emphasize the importance of collecting this data once they become licensed• Advocate for authority to share social security numbers from licensing entities
	Identify type of setting and services delivered by providers	• Licensee activity is limited because most data providers do not collect this information	• 2008-ongoing	• OSHPD met with and received this data from MBC, NMC, and BRN	• License activity will provide information relate to what type of services the health care provider is performing (i.e. administrative, direct patient care, etc.)	
		• License setting is limited because most data providers do not collect this information	• 2008-ongoing	• OSHPD met with and received this data from BRN	• License setting will provide information related to what type of facility a health care provider is working at (i.e. hospital, clinic, etc.)	
		• Licensee primary and secondary practice location activity is limited because it is only collected by some data providers via the survey	• 2008-ongoing	• OSHPD met with and received this data from MBC, OMB, NMC, and BRN	• Primary and secondary practice location activity will provide information related to what type of services the health care provider is performing (i.e. administrative, direct patient care, etc.) at a particular facility	
	Identify supply of providers by specialty	• Licensee primary or secondary specialty is limited because it is only collected by some data providers	• 2008-ongoing	• OSHPD met with and received this data from MBC, OMB, NMC, DBC, DHC, BRN and CDPH LFS	• Licensee primary or secondary specialty will allow us to further break down the data by specialty	

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H & S Code 128051: Work with state level health licensing entities to collect data to the extent available on: 2) geographical distribution of health care workers by specialty	Identify the geographic distribution of health workers	• Address of record is not provided by all data providers	• 2008-ongoing	• OSHPD met with and received this data from OMB, NMC, PAC, RCB, DBC, DHC, BRN and CDPH L&C, CDPH L&C and CDPH LFS	• Address of record will provide information related to where a health care provider receives communication via mail	• Work with licensing entities and professional associations to develop or implement survey tools that collect uniform data on practice location (city, state, zip, county)
		• Licensee primary and secondary practice location is limited because it is only collected by some data providers via the survey at varying levels of specificity (i.e. city, county, state)	• 2008-ongoing	• OSHPD met with and received this data from MBC, BRN, OMB and NMC by the county level only	• Primary and secondary practice location will provide information related to where a health care provider is working	
H & S Code 128051: Work with state level health licensing entities to collect data to the extent available on: 3) diversity of health care workers by specialty	Idenitfy the diversity of health workers	• Year of birth is collected by most data providers	• 2008-ongoing	• OSHPD met with and received this data from MBC, BRN, PAC, RCB, BVNPT, DBC, DHC, NMC, CDPH L&C and CDPH LFS	• This data will help to identify the demand for health care workers; assist with recruitment, retention and succession planning and help to assess the health delivery system's ability to meet the cultural and linguistic needs of the state's population	• Work with licensing entities/professional associations to collect demographic data tht will inform program and policies needed to provide Californians with culturally sensitive and responsive healthcare.
		• Sex/gender is limited because it is only collected by some data providers	• 2008-ongoing	• OSHPD met with and received this data from MBC, BRN, PAC, RCB, BVNPT, and NMC		
		• Licensee race/ethnicity is limited because it is only collected by some data providers	• 2008-ongoing	• OSHPD met with and received this data from MBC, BRN, DBC, DHC, and NMC		
		• Licensee birthplace (by city, state and county) is limited because it is not collected by most data providers	• 2008-ongoing	• OSHPD met with and received this data from DHC for city only		
		• Licensee foreign language fluency is limited because it is only collected by some data providers	• 2008-ongoing	• OSHPD met with and received this data from MBC, BRN and DBC		

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H & S Code 128051: Work with EDD-LMID to collect data to the extent available on: 4) current and forecasted demand for health care workers by specialty	Conduct research to identify sources of data for the current and forecasted demand of health care workers	• Identified all of the health industries that employ occupations	• 2008-2009	• OSHPD has met with and received data from EDD-LMID related to the current and forecasted demand of health care workers for the June 2012 roll-out	• Identifying the health industries which employ the occupations currently targeted by the Clearinghouse will assist with narrowing down the information needed for analysis	• Encourage partnerships between EDD-LMID and organizations such as the California Health Workforce Alliance, California Workforce Investment Board and industry associations in an effort to increase the response rates on surveys
		• Determined that EDD-LMID reports data on licensed and non-licensed health care workers	• 2008-2009		• The ability to report on licensed and non-licensed workers will provide unique information to each type of health care provider	
		• Determined that EDD-LMID uses Metropolitan Statistical Areas (MSAs) to capture and display their data in order to maintain confidentiality; this measurement is not used by all Clearinghouse data providers	• 2008-2009		• Using MSAs will provide the Clearinghouse with prescribed regions for displaying data received from EDD-LMID	
	Project current and forecasted demand	• Employment projections are limited because there is a limited response rate from the health care industry sectors on the Occupational Employment Statistics (OES) survey since there is no mandate for employers to complete them; in addition, demand estimates for most health personnel categories in California pre-date the Affordable Care Act and do not take into account service delivery models of the future	• 2008-ongoing	OSHPD met with and received this data from EDD-LMID	• Employment projections will provide information related to the estimated number of health care workers needed in future years as well as identify where shortages may currently exist	• Encourage employers to complete the OES surveys in order to improve the reliability of projections and other data
		• Employment wages are limited because there is a limited response rate from the health care industry sectors on the Occupational Employment Statistics survey since there is no mandate for employers to complete them	• 2008-ongoing	OSHPD met with and received this data from EDD-LMID	• Employment wages will provide information on the varied scale of compensation received by health care workers in different areas of the state	• Discuss more uniform measurements of tracking data (i.e. identifying a SOC code for all physician specialties)

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		<ul style="list-style-type: none">• Staffing patterns are limited because there is a limited response rate from the health care industry sectors on the Occupational Employment Statistics survey since there is no mandate for employers to complete them	<ul style="list-style-type: none">• 2008-ongoing	OSHDP met with and received this data from EDD-LMID	<ul style="list-style-type: none">• Staffing patterns will provide information on which industries employ certain occupations	
	Idenitfy health worker specialties	<ul style="list-style-type: none">• Defined "specialty" for EDD-LMID using nationally recognized occupational categories from the U.S. Department of Labor, Bureau of Labor Statistics - Standard Occupational Classification (SOC) Codes; SOC codes are not used by all Clearinghouse data providers and in addition, they only identify a limited number of physician specialties	<ul style="list-style-type: none">• 2008-ongoing	OSHDP met with and received this data from EDD-LMID	<ul style="list-style-type: none">• Using SOC codes will provide the Clearinghouse with prescribed categories for displaying data received from EDD-LMID	

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H & S Code 128051: Work with state level level higher education entities to collect data to the extent available on: 5) educational capacity to produce trained, certified, and licensed health care workers by specialty and geographic distribution	Conduct research to identify sources of data for educational capacity	<ul style="list-style-type: none">Identified four sources of state higher education entities: California Postsecondary Education Commission (CPEC), University of California Office of the President (UCOP), California State University Chancellor's Office (CSUCO), and California Community Colleges Chancellor's Office (CCCCO)	<ul style="list-style-type: none">2008-2009	<ul style="list-style-type: none">OSHDP met with and received limited data from related to educational capacity from CPEC for the June 2012 implementation	<ul style="list-style-type: none">The ability to collect information from as many higher education entities as possible will increase the amount of data the Clearinghouse can display for various aspects of educational capacity	<ul style="list-style-type: none">Advocate for a standardized survey to pull consistent data from all campusesAdvocate for funding to conduct surveys at the campus levelsRequire campuses to submit data to a state-level entityGive OSHPD authorization to receive unitary student data
		<ul style="list-style-type: none">There is limited staffing resources to collect data at the individual campus level	<ul style="list-style-type: none">2008-ongoing			
		<ul style="list-style-type: none">Determined there is currently no central source from which to collect private institutions data. CPEC had limited information.	<ul style="list-style-type: none">2008-2011		<ul style="list-style-type: none">The ability to collect information from private institutions will increase the amount of data the Clearinghouse can collect to illustrate educational capacity	
		<ul style="list-style-type: none">Developed Classification of Instructional Program (CIP) list to include all health education programs	<ul style="list-style-type: none">2008-2010		<ul style="list-style-type: none">Using CIP codes will provide the Clearinghouse with prescribed categories for displaying data received from the higher education entities	
		<ul style="list-style-type: none">Number of educational slots is not a data element that OSHPD is able to capture because it is not collected by the higher education entities	<ul style="list-style-type: none">2008-ongoing	<ul style="list-style-type: none">OSHDP met with but was unable to capture this data from CPEC because they do not collect it and closed their office in Nov. 2011	<ul style="list-style-type: none">Number of educational slots will provide information related to the amount of students who may be permitted to enter health training programs	<ul style="list-style-type: none">Work with the Association of Independent California Colleges and Universities (AICCU) to retrieve data on private schools
		<ul style="list-style-type: none">Number of enrollments is limited because aggregated data was received from CPEC for UCOP, CUSCO and some of the private institutions but nothing for CCCCCO	<ul style="list-style-type: none">2008-ongoing	<ul style="list-style-type: none">OSHDP met with and received this data from CPEC for some higher education entities	<ul style="list-style-type: none">Number of enrollments will provide information related to the number of students who enter health training programs	

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	Educational capacity	• Attrition rate is not a data element that OSHPD was able to capture from CPEC but may be obtained via survey at the individual campus level	• 2008-ongoing	• OSHPD met with but was unable to capture this data from CPEC because they do not collect it and closed their office in Nov. 2011	• Attrition rate will provide information related to the number of students who drop out of health training programs	• Retrieve data from the Integrated Postsecondary Education Data Systems (IPEDS)
		• Wait time to enter a program is not a data element that OSHPD was able to capture from CPEC but may be obtained via survey at the individual campus level	• 2008-ongoing	• OSHPD met with but was unable to capture this data from CPEC because they do not collect it and closed their office in Nov. 2011	• Wait time to enter a program will provide information related to the average length of time a student may wait to enter a health training program as well as help to understand which health training programs may be too impacted	
		• OSHPD has identified a total of 223 data elements related to student, faculty, institution and financial data which the Clearinghouse is attempting to capture	• 2008-ongoing	• The availability of data for all 223 data elements will vary depending on the education entity and year of collection	• The ability to collect as much information from as many higher education entities as possible will increase the amount of data the Clearinghouse can display for various aspects of educational capacity	

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H & S Code 108252: Prepare an annual report to the Legislature to include:	Education and employment trends in health care professions	<ul style="list-style-type: none">• OSHPD will be able to report on some education trends as they relate to enrollments, number of graduates, degree types, and the location of educational institutions with data received from CPEC; these data may be compared by institution or by year in order to compile some trend analysis	<ul style="list-style-type: none">• 2012-ongoing	<ul style="list-style-type: none">• OSHPD will review and analyze the data received from CPEC, DCA's health licensing boards, CDPH and EDD-LMID to report on the education and employment trends of health providers	<ul style="list-style-type: none">• Data related to education trends will show where training programs exist, types of degrees offered and how many students are enrolled versus graduated; these data will give the legislature information necessary to look at what has historically taken place in higher education entities as a means of planning for the future	<ul style="list-style-type: none">• (Recommendations listed above for all individual categories)
		<ul style="list-style-type: none">• Education data cannot be linked to employment data due to the fact that OSHPD does not have a unique identification number for individuals; therefore it is not possible to conduct a trend analysis of health care providers from their education through employment	<ul style="list-style-type: none">• 2012-ongoing		<ul style="list-style-type: none">• The ability to link data from all data providers via a unique identification number would allow OSHPD to conduct an accurate trend analysis related to the education and employment of health care providers; these data will give the legislature information necessary to use historical data as a means of planning for the future by identifying workforce shortages in employment and opportunities to expand training in education programs	
		<ul style="list-style-type: none">• OSHPD will be able to provide limited reports on employment trends with data received from DCA's licensing boards, CDPH and EDD-LMID	<ul style="list-style-type: none">• 2012-ongoing		<ul style="list-style-type: none">• Data related to the current and forecasted demand of health care workers will provide information related to employment trends from a historical perspective; these data will give the legislature information necessary to review industries in which health care providers have worked and the size of the workforce	